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SEP 28 2004

USPTO FACSIMILE COVER SHEET

To: Commissioner for Patents
Fax Number: (703) 872-9314
Date: September 28, 2004
Pages: 13 pages (including this cover sheet)

MESSAGE:

Application No. 09/493,507
Examiner D. Abebe
Art Unit 2655

Amendment Transmittal
Amendment

Atty. Docket Number YO-999-599
(590.005)

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ERENCE & ASSOCIATES
Amendment Transmittal

Atty. Docket No. YO-999-599
(590.005)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : Franz et al.
Serial No. : 09/493,507 Examiner : D. Abebe
Filed : January 28, 2004 Group Art Unit : 2655
For : INDEXING WITH TRANSLATION MODEL FOR FEATURE
REGULARIZATION

HON. COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

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SEP 28 2004

Sir:

Transmitted herewith is an Amendment in the above-identified application.

1. Applicant requests an extension of time to respond to the outstanding Office Action. A Petition for an extension of time is enclosed.

OR

2. In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.

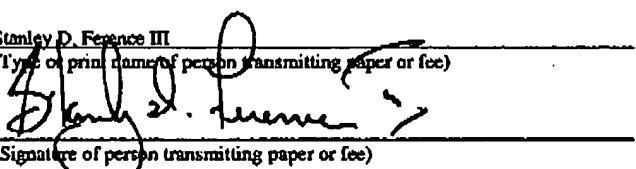
3. Small Entity status of this application has been established by a verified statement previously submitted.

4. A verified statement to establish Small Entity status is enclosed.

CERTIFICATE OF FACSIMILE TRANSMITTAL

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being facsimile transmitted on (703) 872-9314 on September 28, 2004 to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Stanley D. Fenence III
(Type or print name of person transmitting paper or fee)


(Signature of person transmitting paper or fee)

REFERENCE & ASSOCIATES
Amendment Transmittal

Atty. Docket No. YO-999-599

5. Also enclosed: _____

6. No additional filing fee is required.

7. The filing fee has been calculated as shown below:

Claims Remaining After Amendment (Col. 1)	Highest No. Prev. paid for (Col. 2)	Present Extra (Col. 3)	SMALL ENTITY			OTHER THAN A SMALL ENTITY		
Total Claims	19	** 20	= *	0	x	\$9	=	O R
Ind. Claims	3	*** 3	= *	0	x	\$43	=	O R
<input checked="" type="checkbox"/> Multiple Dependent Claim Presented					+	\$145	=	O R
							<u>TOTAL</u> = \$ _____	O R
							<u>TOTAL</u> = \$ _____	O R

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ** If the "Highest No. Prev. paid for" in this space is less than 20, write "20" in this space
- *** If the "Highest No. Prev. paid for" in this space is less than 3, write "3" in this space.

8. Applicant encloses herewith a check for \$____ to cover the filing fee.

9. The Commissioner is hereby authorized to charge the \$____ filing fee to Deposit Account No. 50-0510.

10. The Commissioner is hereby authorized to charge payment of any additional filing fees associated with this communication or credit any overpayment to Deposit Account No. 50-0510.

Respectfully submitted,

FERENCE & ASSOCIATES

By Stanley D. Ference III
Reg. No. 32879

Dated: September 28, 2004.

Mailing Address:

Customer No. 35195
REFERENCE & ASSOCIATES
400 Broad Street
Pittsburgh, Pennsylvania 15143
(412) 741-8400
(412) 741-9292 - Facsimile